



OAKWOOD  
VILLAGE

## Updated Financial Application

Please circle the appropriate campus and write which level of care on the line below:

**Oakwood Village University Woods**

**Oakwood Village Prairie Ridge**

Applicant's Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Sex: \_\_\_ M \_\_\_ F \*Marital Status: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current Age: \_\_\_\_\_

*\*Please complete Applicant #2 and Joint column if married*

Monthly Income	APPLICANT #1	APPLICANT #2	JOINT
Social Security	\$ _____	\$ _____	\$ N/A
Pension	\$ _____	\$ _____	\$ N/A
Annuities	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____

Assets	APPLICANT #1	APPLICANT #2	JOINT
Cash (savings/checking)	\$ _____	\$ _____	\$ _____
Primary Residence (if owned)	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
Stocks/Equity Funds	\$ _____	\$ _____	\$ _____
Monthly Investment Income	\$ _____	\$ _____	\$ _____
IRA/401(k)	\$ _____	\$ _____	\$ _____
Monthly Investment Income	\$ _____	\$ _____	\$ _____
Bonds/Bond Funds	\$ _____	\$ _____	\$ _____
Monthly Investment Income	\$ _____	\$ _____	\$ _____
Trust Assets (if in applicant name)	\$ _____	\$ _____	\$ _____
Trust Fund Monthly Income	\$ _____	\$ _____	\$ _____
Life Insurance (current cash value)	\$ _____	\$ _____	\$ _____

THIS INFORMATION IS KEPT CONFIDENTIAL AND IS SUBJECT TO VERIFICATION

<b>Liabilities</b>	<b>APPLICANT #1</b>	<b>APPLICANT #2</b>	<b>JOINT</b>
Mortgage	\$ _____	\$ _____	\$ _____
Other Obligations	\$ _____	\$ _____	\$ _____
(Please describe) _____			

<b>Long Term Care Insurance</b>	<b>APPLICANT #1</b>	<b>APPLICANT #2</b>
Provider	_____	_____
Daily Benefit	\$ _____	\$ _____
Benefit Period (years)	_____	_____
Elimination Period (days)	_____	_____
Annual Premium	\$ _____	\$ _____

Have you transferred money or made a significant financial gift (greater than \$5,000) to anyone in the past five years? Please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In completing this application, I am aware that Oakwood Village will rely upon and is entitled to rely upon the accuracy of my statement. I understand that I may be requested to update this application when Oakwood considers it appropriate. I declare the information given in this application is true, full, and complete. I give my consent to verify information contained in this application with my financial advisors.**

\_\_\_\_\_

**Signature** **Date**

- Relationship to Resident:
- Self
  - HCPOA Agent (Activated)
  - Financial Power of Attorney
  - Other

\_\_\_\_\_

Received by Date